

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>181 24</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Gordon</b> <b>A</b> <b>Anderson</b> P.O. Box, Bldg., Room No., if any Street <b>110 N. State Street</b> City <b>Marengo</b> State <b>Illinois</b> ZIP Code + 4 <b>60152</b>	4. Name, file number, and address of labor organization. Name <b>Local 1035 Union</b> Labor Organization File Number <b>019-714</b> P.O. Box, Building and Room Number, if any Street <b>110 N. State Street</b> City <b>Marengo</b> State <b>Illinois</b> ZIP Code + 4 <b>60152</b>
5. Position in labor organization. <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**8/11/05**  
Date

**815-568-6190**  
Telephone Number

Name of Person Filing <b>Gordon Anderson</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Baum Sigman Auerbach &amp; Neuman, Ltd.</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 2200</b></p> <p>Street <b>200 West Adams Street</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60606-5231</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Fox Valley Laborers Welfare and Pension Fund</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <b>Bldg B, Suite 206</b></p> <p>Street <b>2400 Big Timber</b></p> <p>City <b>Elgin</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60123</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Provides legal services to the Trust Funds. I am a trustee on the Funds.</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$30,000</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Provided meals during the year totaling \$112.</b></p> <hr/> <p>12.b. Amount. <b>\$112</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AFL-CIO Investment Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1717 K Street, NW

City Washington DC

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$50,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name ASB Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7501 Wisconsin Avenue

City Bethesda

State Maryland

ZIP Code + 4 20814

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$55,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Dimensional Fund Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 23 Park Place

City Cranbury

State New Jersey

ZIP Code + 4 08512

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Trust Funds.

## 11.b. Approximate dollar value of such dealing.

\$16,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lincoln Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 2100

Street 200 S. Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$15,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004. the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

Name of Person Filing Gordon Anderson	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Missouri Valley Partners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 135 N. Meramac</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63105</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Fov Valley Laborers Welfare and Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2400 Big Timber Road</p> <p>City Elgin</p> <p>State Illinois ZIP Code + 4 60123</p>	<p>11.a. Nature of such dealing.</p> <p>Provides investment management services to the Funds.</p> <p>11.b. Approximate dollar value of such dealing. \$160,000</p> <p>12.a. Nature of interest held or income received.</p> <p>At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.</p> <p>12.b. Amount. \$14</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Multi-Employer Property Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Thirteenth Street, NW 1150

City Washington DC

State District of Columbia ZIP Code + 4 20005

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$100,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meeting held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Northern Trust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 S. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60675

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$20,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

Name of Person Filing Gordon Anderson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Pacific Investment Mgmt Co, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 840 Newport Center Drive

City Newport Beach

State California

ZIP Code + 4 92660

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$220,000

## 12.a. Nature of interest held or income received.

At the Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$11

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name State Street Global Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One International Place

City Boston

State Massachusetts

ZIP Code + 4 02110

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides investment management services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$2,000

## 12.a. Nature of interest held or income received.

At Board of Trustees meetings held on July 29 and 30, 2004, the Trustees met with the investment manager to discuss investment policy and results. The investment manager paid for dinner and recreational activities.

## 12.b. Amount.

\$14

Name of Person Filing Gordon Anderson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Watson Wyatt Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 191 N. Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60606

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois

ZIP Code + 4 60123

## 11.a. Nature of such dealing.

Provides actuarial and consulting services to the Funds.

## 11.b. Approximate dollar value of such dealing.

\$100,000

## 12.a. Nature of interest held or income received.

At the Board of Trustees meetings held on July 29 and 30, 2004, the trustees met with the consultant to discuss the activities of the Funds. The consultant paid for dinner and recreational activities.

## 12.b. Amount.

\$106

Name of Person Filing Gordon Anderson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

I am a trustee for the Fox Valley Laborers Welfare and Pension Funds, which were created by the Union and the employers for the benefit of the members.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

I attended Board of Trustees meetings held on July 29 and 30, 2004. I received reimbursement for my expenses while at the meetings.

## 12.b. Amount.

\$720

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (Including trade name, if any).

Name Chicagoland Laborers' Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1200 Old Gary Avenue

City Carol Stream

State Illinois ZIP Code + 4 60188

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

The Laborers Training Fund instructs members of the Laborers' locals. There is no direct monetary dealing between Local 1035 and the Training Fund.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Attendance at the February 2004 Apprentice Graduation Banquet.

## 12.b. Amount.

\$67

Name of Person Filing Gordon Anderson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Chicago Area LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 302

Street 999 McClintock Drive

City Burr Ridge

State Illinois ZIP Code + 4 60527

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

LECET is a joint labor-management organization that is designed to improve labor-management relations. There is no direct dealing between Local 1035 and LECET.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Attended lunch with other labor leaders sponsored by LECET - \$49, memorial contribution for brother - \$150 and Christmas gift - \$47.

## 12.b. Amount.

\$246

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Fox Valley Laborers Welfare and Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2400 Big Timber Road

City Elgin

State Illinois ZIP Code + 4 60123

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

I am a trustee for the Welfare and Pension Funds, which were created by the Union and the employers for the benefit of the members.

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Attendance at educational conference in Palm Springs, CA. I received reimbursement for hotel, airfare and meals.

## 12.b. Amount.

\$2,139